	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	assification Population		Owner Type	Primary Source				
СТ0691132	474 PUTNAM PIKE				NC	46	Р	GW				
Local Address (where applicable)	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural					
474 PUTNAM PIKE Connections 1												

Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 10/30/12	1/1-10/30	
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Cor	mnliance Schedules		

Other Compliance Schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION SURVEY REPORT
 3/1/2017

	Wa	ater System Facili	ity and Sampling P	oint Ir	nventor	у			
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Si	tage
Facility ID		ID	Description	Status	Dula		Asbestos		_
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MW001	KITCHEN SINK	Α	Υ	2	Υ		
		MW002	DEEP SINK	Α	Υ	2			
		MW003	POT SINK	Α	Υ	2			
		MW004	MENS ROOM	Α	Υ	2			
		MW005	WOMENS ROOM	Α	Υ	2			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10305	WELL	2	WELL	Α					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classi	ification	Population	Owner Type	Primary Source
CT0691132	474 PUTNAM PIKE				NC	46	Р	GW
Local Address (v	Service	Residen	ntial C	Commercia	al Industri	al Combine	ed Agricultural	
474 PUTNAM PI	KE	Connections	1					

Contact Information											
Name					Organization			Job Title			
Mr. George P. Gionis					Golden Gree	k Restaurant & Pub		President			
Mailing Address Lin	e One		Mailing	Addre	ess Line Two		City	State	Zip Code		
P.O. Box 518							Dayville		СТ	06241	
Business Phone Extension Fax M					bile Phone	Emergency Phone	Email Ad	ddress			
860-774-0167		860-779-2	2971			860-982-3691	tsg@att.net				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public H	ealth	Drir	nking	Water	Section	
	Water Quality Mor	nitoring and	d Com	plia	nce So	chedul	9	
PWS ID	PWS Name		(- Classifi	ication P	opulation	Owner Type Pi	imary Source
СТ0690114	HIDE AWAY COVE CAMPGROUND			N	С	100	Р	GW
Local Address ((where applicable)	Service	Residenti	ial Co	mmercial	Industria	I Combined	Agricultura
1060 NORTH R	OAD	Connections			300			
Towns Served:	KILLINGLY	·		·				
	Mo	nitoring Requ	iremen	nts				
Water Systen	n Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)						
Total Colifor	m (3100)					1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorin	g Perio	od Col	lection Per	iod Compli	ance Status
Select fro	m Inventory of Active Sampling Points		4/1/19 - 4	4/30/1	.9			
			5/1/19 - 5	5/31/1	.9			
			6/1/19 - 6	6/30/1	.9			
			7/1/19 - 7	7/31/1	.9			
			8/1/19 - 8	8/31/1	.9			
			9/1/19 - 9	9/30/1	.9			
		-	10/1/19 - 1	10/31/	'19			
Physical Para	ameters (PPS)					1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorin	g Perio	od Col	lection Per	iod Compli	ance Status
Select fro	m Inventory of Active Sampling Points		4/1/19 - 4	4/30/1	.9			
			5/1/19 - 5	5/31/1	.9			
			6/1/19 - 6	6/30/1	.9			
			7/1/19 - 7	7/31/1	.9			
			8/1/19 - 8	8/31/1	.9			
			9/1/19 - 9	9/30/1	.9			
		-	10/1/19 - 1	10/31/	19			

Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date SEASONAL START UP COMPLETION 4/18/2019

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION SYSTEM	Α	Υ			-			
		UPSTREAM	WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	A A							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21182	WELL #1	2	WELL #1	Α							
21183	WELL #2	2	WELL #2	Α							
56805	HYDROPNEUMATIC TANK										

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monit	oring and	d Con	npli	ance S	Schedul	e	
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
СТ0690114	HIDE AWAY COVE CAMPGROUND				NC	100	Р	GW
Local Address (where applicable)	Service	Residen	ntial (Commercia	al Industri	al Combine	ed Agricultural
1060 NORTH R	OAD	Connections			300			

Connecticut Department of Public Health Drinking Water Section

Towns Served: KILLINGLY

				Contact in	TOTTIALION						
Name				Organizatio	on		Job Title				
Mr. Jacquelyn A. Be	enoit			Hide Away	Cove Campground	Owner					
Mailing Address Lin	e One		Mailing A	Address Line Tw	0	City	State	Zip Code			
1060 North Road			P. O. Box	129		East Killingly	llingly CT 06				
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Address					
860-774-1128		860-774-	1128		352-400-2528						
Contact Role(s): O	wner		,								
Name				Organizatio	n		Job Title				
Mr. Michael Benoit	•			Hide Away	Cove Campground	Manager					
Mailing Address Lin	e One		Mailing A	Address Line Tw	0	City	State	Zip Code			
1060 North Road			P.O. Box	129		East Killingly	СТ	06243			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
860-933-5251						mikebenwaaa@yaho	o.com				
Contact Role(s): A	dministrative	Contact, Leg	al Contac	it	·						

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	C	nnectic	ut Departme	nt of	Public	Health F)rin	king	\ \/-	tor C	action	
	C		•					U			cuon	
			ter Quality M	lonit	oring a							
PWS ID	PV	/S Name				С					vner Type F	Primary Source
CT069017	_	O LEDGE ROAL)				N	С	33	3	Р	GW
Local Addr	ess (whe	re applicable)			Service	Residentia	I Cor	nmercia	l In	dustrial	Combined	d Agricultural
					Connection	ns		2				
Towns Ser	ved: KILL	INGLY										
			N	/lonite	oring Red	quirement	ts					
Water Sys	stem Fa	cility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Col	liform (3100)								1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitoring	Perio	od Co	llecti	on Period	l Compl	iance Status
Selec	t from In	entory of Acti	ve Sampling Points			10/1/18 - 12	2/31/2	18			C	omplete
						1/1/19 - 3,					C	omplete
						4/1/19 - 6,						
						7/1/19 - 9,	/30/19	9				
Physical	Parame [*]	ters (PPS)								1 ro	utine (RT)	per quarter
		t (Sampling Po				Monitoring	Perio	od Co	llecti	on Period	l Compl	iance Status
Selec	t from In	entory of Acti	ive Sampling Points			10/1/18 - 12						omplete
						1/1/19 - 3,					C	omplete
						4/1/19 - 6,						
						7/1/19 - 9,	/30/19	9				
Water Sys	stem Fac	cility: ENTRY	Y POINT (WSF ID:	00700)								
		te (NOX)								1	=	RT) per year
-		t (Sampling P	oint ID)			Monitoring			llecti	on Period		iance Status
ENTR	Y POINT	(3)				1/1/18 - 12						omplete
						1/1/19 - 12					C	omplete
						1/1/20 - 12						
			Water System	Facili	ity and Sa	ampling P	oint	Inver	itor	У		
Water								Tot	al	Lead and	1	
-		ystem Facility			Sampling P			_		Copper		Stage
Facility ID			II		Description		Stat			Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIB	JTION SYSTEM				ION SYSTEM	Α	, У	,			
						SERVICE CON	Α					
			UPSTI	REAM	WITHIN 5 S	SERVICE CON	Α	1				
00700	ENTRY P	OINT	3	}	ENTRY POI	NT	Α					
21186	WELL			2	WELL		Α					
				Con	tact Info	rmation						
Name				0	rganization						Job Title	
Ms. Starle	t Lenth								Prop	perty Ow	ner	
Mailing Ad	ldress Lin	e One	Mailing	Addres	s Line Two				Cit	Ту	State	Zip Code
375 Ledge	Rd							Dayville			СТ	06241
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email A	ddres	S		
i de la companya de		1						I .				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

860-774-4614

pizzakingri@yahoo.com

860-774-8221

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quanty Fromtoring and domphance beneaute								
PWS ID PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
СТ0690174	CT0690174 430 LEDGE ROAD				NC	33	Р	GW	
Local Address (where applicable)		Service	Residen	ntial Commerci		al Industri	al Combine	ed Agricultural	
		Connections			2				

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Monit				U			
PWS ID	PWS Name					Population	Owner Type	Primary Source
CT0690254	54 STATELINE CAMP RESORT-WELL #1					50	Р	GW
Local Address (where applicable) Service				ntial	Commercia	al Industri	al Combine	ed Agricultural

1

ROUTE 101

Connections

MODIE 101		••••••		1				
Towns Served: KILLINGLY		-	1		1	1		ı
	Monito	oring Requ	uirements	S				
Water System Facility: DISTRIBUTION	ON SYSTEM (WSF II	D: 00600)						
Total Coliform (3100)						1 rou	itine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring I	Period	Collect	ion Period	Complia	nce Status
Select from Inventory of Active Sampling Points			10/1/18 - 12/	/31/18			Cor	nplete
			4/1/19 - 6/3	30/19				
			7/1/19 - 9/3	30/19				
Physical Parameters (PPS)						1 rou	itine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Period	Collect	ion Period	Complia	nce Status	
Select from Inventory of Active San	pling Points		10/1/18 - 12/	/31/18			Cor	nplete
			4/1/19 - 6/3	30/19				
			7/1/19 - 9/3	30/19				
Water System Facility: ENTRY POIN	IT (WSF ID: 00700)							
Nitrate (1040)						1 rou	itine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring I	Period	Collect	ion Period	Complia	nce Status
ENTRY POINT (3)			10/1/18 - 12/	/31/18			Cor	nplete
			4/1/19 - 6/3	30/19				
			7/1/19 - 9/3	30/19				
Nitrate And Nitrite (NOX)						1	routine (R	Γ) per year
Sampling Point (Sampling Point ID)		Monitoring I	Period	Collect	ion Period	Complia	nce Status
ENTRY POINT (3)			1/1/18 - 12/	31/18			Cor	nplete
			1/1/19 - 12/	31/19				
			1/1/20 - 12/	31/20				
	Other Co	ompliance	Schedul	es				
Compliance Schedule Activity			Due	Date		Achieved	Date	
SEASONAL START UP COMPLETION			4/15	/2019				
Wate	er System Facili	ty and Sai	mpling Po	oint In	vento	ry	_	
Water		-			Total	Lead and		
System Water System Facility Facility ID	Sampling Point ID	Sampling Policy Description	int	Status	Coliform Rule	Copper	Asbestos	Stage NQP 2 DBP
		<u> </u>		Julus				•

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
21193	WELL	2	WELL	Α						
56807	BLADDER TANKS									

Contact Information									
Name	Organization	Job Title							
Ms. Joyce Hart									
Mailing Address Line One	Mailing Addr	ess Line Two		City	State	Zip Code			
1639 Hartford Pike			East Killi	ngly	СТ	06243			

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Connecticut Department of Public Health Drinking Water Section												
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name						Classif	ication	Population	Ow	ner Type	Primary Source
СТ0690254	690254 STATELINE CAMP RESORT-WELL #1					N	С	50		Р	GW	
Local Address (where applicable) Service Reside						Resider	ntial Co	mmerci	al Industri	ial	Combine	d Agricultural
ROUTE 101	ROUTE 101 Connections				;		1					
Towns Served: KILLINGLY												
Business Phone	e Extension	Fax		Mobil	e Phone E	mergency	y Phone	Email /	Address			
860-774-3016												
Contact Role(s):	Legal Contact, (Owner										
Name				Or	ganization			Job Title				2
Mr. Nicola G. Leo	onetti			Re	sort Camplar	ds Int. In	С.		Vp			
Mailing Address	Line One		Mailing	g Address	Line Two				City		State	Zip Code
1639 Hartford Tu	ırnpike							East Ki	llingly		СТ	06243
Business Phone	e Extension	Fax	•	Mobil	e Phone E	mergency	y Phone	Email /	Address			
860-774-3016		860-774-	6470			860-234-6955						
Contact Role(s)	Administrative	Contact Ou	mer									

Contact Role(s): Administrative Contact, Owner

- Please note the following:

 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
СТ0690274	ZIPS DINER INC					NC	25	Р	GW
Local Address (v	where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
1086 NORTH M	AIN ST / 725 HARTFOR	D PIKE	Connections			1			

Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Coliform (3100)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					

Physical Parameters (PPS)	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION EXEMPTION	3/1/2021		

Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	1/1/15 - 3/31/15	2	8/5/2015		8/15/2015					
Total Coliform M&R Violation	4/1/15 - 6/30/15	2	10/24/2015		11/3/2015					
Physical Parameters M&R Violation	1/1/15 - 3/31/15	3	7/5/2016		7/15/2016					
Physical Parameters M&R Violation	4/1/15 - 6/30/15	3	9/23/2016		10/3/2016					

	Wa	ater System Facili	ity and Sampling P	oint Ir	nventoi	у			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		4-1	KITCHEN DISH SINK TR	Α	Υ				
		4-2	DISTRIBUTION SYSTEM	Α	Υ				
		4-3	DISTRIBUTION SYSTEM	Α	Υ				
		4-4	DISTRIBUTION SYSTEM	Α	Υ				
		4-5	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					

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	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Classification Popu		Population	Owner Type	Primary Source				
СТ0690274	ZIPS DINER INC				NC	25	Р	GW			
Local Address (v	where applicable)	Service	Residen	ential Commerc		al Industri	al Combin	ed Agricultural			
1086 NORTH M	AIN ST / 725 HARTFORD PIKE	Connections			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: KILLINGLY

	Water Sy	stem Facil	ity and	Sampling Poi	nt Ir	rvento	ry		
Water System Water System Facility Facility ID		Sampling Point ID	Sampling Description		tatus	Total Coliform Rule		Asbestos	Stage WQP 2 DBPI
		MW4	DISTRIBU	TION SYSTEM	Α	Υ			
		UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700 ENTRY POINT		3	ENTRY PC	DINT	Α				
21195 WELL		2	WELL		Α				
		Cor	ntact Inf	ormation					
Name		O	rganization	1				Job Title	
Mr. Kevin R. Cole		K	rc Enterpris	ses, LLC		Me	ember		
Mailing Address Line One		Mailing Addres	ess Line Two				ity	State	Zip Code
P.O. Box 263					Da	yville		СТ	06241
Business Phone Extension	Fax	Mob	ile Phone	Emergency Pho	ne Em	nail Addre	ess		
860-774-6335					ke	vincole68	0@gmail.co	om	
Contact Role(s): Administrative	Contact, Leg	al Contact, Ow	ner						
Name		О	rganization	1				Job Title	
Krc Enterprises LLC									
Mailing Address Line One		Mailing Addres	s Line Two			C	ity	State	Zip Code
725 Hartford Pike					Da	yville		СТ	06241
Business Phone Extension	Fax	Mob	ile Phone	Emergency Pho	ne Em	nail Addre	ess		
Contact Bolo(s): Ourner									

Contact Role(s): Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0690324				NC	35	Р	GW	
Local Address (v	Service	Resider	ntial Commerci		al Industri	al Combine	ed Agricultural	
460 HARTFORD	Connections			1				

Towns Served: KILLINGLY

ing Requirements						
00600)						
	1 routine (RT) per					
Monitoring Period	Collection Period	Compliance Status				
10/1/18 - 12/31/18		Complete				
1/1/19 - 3/31/19		Complete				
4/1/19 - 6/30/19						
7/1/19 - 9/30/19						
	1 routine (RT) p					
Monitoring Period	Collection Period	Compliance Status				
10/1/18 - 12/31/18		Complete				
1/1/19 - 3/31/19		Complete				
4/1/19 - 6/30/19						
7/1/19 - 9/30/19						
	1 r	outine (RT) per year				
Monitoring Period	Collection Period	Compliance Status				
1/1/18 - 12/31/18		Complete				
1/1/19 - 12/31/19						
1/1/20 - 12/31/20						
	Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 12/31/18	1 rout Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 rout Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 rout Collection Period 1/1/18 - 12/31/18 1/1/19 - 12/31/18 1/1/19 - 12/31/18				

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	6/1/2009	
CROSS CONNECTION SURVEY REPORT	3/1/2010	

Water System Facility and Sampling Point Inventory

Water	Markey Contains English	Consulting Delat	Consulting Daint		Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	! DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22689	WELL	2	WELL	Α					
56166	BLADDER TANK								
56176	BOOSTER PUMPS								

	Contact Ir

Contact Information												
Name		Organization		Job Title								
Mr. Jay Chelo				Mozzarellas of Killingly, Inc								
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code			
460 Hartford Pike				Dayville				СТ	06241			
Business Phone Extension Fax			Mo	bile Phone	Emergency Phone	Email Address						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section												
	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	mary Source				
CT0690324	MOZZARELLAS C	OF KILLINGLY, INC			NC		35	Р		GW			
Local Address (v	vhere applicable)			Service	Resider	ntial	Commercial Industr		ial Combine		Agricultural		
460 HARTFORD	TURNPIKE			Connections			1						
Towns Served: I	KILLINGLY							·	·				
860-774-343	4	460-774-2999			401-486	-000	6 Jay@n	nozzarellasgı	rill.com				
Contact Role(s):	Contact Role(s): Administrative Contact, Legal Contact, Owner												

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	(Connecticut De	partment of	Public F	lealth	Dri	inkii	ng W	ater S	Sec	tion	
			Jality Monit					_				
PWS ID		PWS Name		011110							r Type Pi	rimary Source
СТ069034	14	FOUR GS PIZZERIA					NC		25		P	GW
Local Add	ress (w	nere applicable)		Service	Resident	tial C	Comme	ercial I	ndustrial	С	ombined	Agricultural
305 HART	FORD T	URNPIKE (ROUTE 101)		Connections			1					
Towns Ser	rved: KI	LLINGLY										
			Monito	oring Requ	uireme	nts						
Water Sy	stem F	acility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Co	liform	(3100)							1 ו	outi	ne (RT) _l	per quarter
Samp	pling Po	oint (Sampling Point ID)			Monitorii	ng Pe	riod	Collec	tion Peri	od	Compli	ance Status
Selec	ct from	Inventory of Active Samp	ling Points		10/1/18 -	12/3	1/18				Co	mplete
					1/1/19 -						Co	mplete
					4/1/19 -							
					7/1/19 -	9/30/	/19					
-		eters (PPS)									. , ,	per quarter
		oint (Sampling Point ID)			Monitorii			Collec	tion Peri	od		ance Status
Selec	ct from	Inventory of Active Samp	ling Points		10/1/18 -	-						mplete
					1/1/19 -						Со	mplete
					4/1/19 -							
			(1)		7/1/19 -	9/30/	/19					
•		acility: ENTRY POINT	(WSF ID: 00700)								/-	_,
		trite (NOX)						o "			=	T) per year
_		pint (Sampling Point ID)			Monitorii			Collec	tion Peri	oa		ance Status
ENIR	RY POIN	1 (3)			1/1/18 - :							mplete
					1/1/19 - :						Co	mplete
		•••			1/1/20 - :							
		Water	System Facili	ity and Sai	mpling	Poli	nt In	vento	ry			
Water	Markon	Conton Fasility	Committee Daint	Communities of De-	tus			Total	Lead a			
System Facility ID		System Facility	Sampling Point ID	Description	Int			Coliform Rule			Achestas	Stage WQP 2 DBPR
00600		BUTION SYSTEM	4	DISTRIBUTIO	NI CVCTERA		<u>tatus</u> A	Y	nuie I	161 /	73063103	VVQI Z DOPK
00000	ואוכוט	BOTION STSTEIN	DOWNSTREAM				A	ı				
			UPSTREAM	WITHIN 5 SEI			A					
00700	FNITDV	POINT	3	ENTRY POINT		•	A					
22693	WELL	TOTAL	2	WELL	1		A					
		V TDOL DI ADDED TANK	۷	VVLLL			A					
55533	VV C L L	X-TROL BLADDER TANK	Cara	toot Info	matian							
				tact Infor	mation							
Name			0	rganization						J	lob Title	

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City

Dayville

Emergency Phone Email Address

State

СТ

Zip Code

06241

Mailing Address Line Two

Mobile Phone

Golden Greek Restaurants Intn'l, Inc.

Contact Role(s): Legal Contact, Owner

Extension

Fax

Mailing Address Line One

305 Hartford Pike

Business Phone

860-779-3659

(Connectic	ut Depa	rtment	of Public	c Healt	n Dri	nking	Water	Section	n	
	Wat	ter Qua	lity Mon	itoring a	and Co	mplia	ance So	chedul	e		
PWS ID F	PWS Name					Classi	fication P	opulation	Owner Ty	pe P	rimary Source
CT0690344 F	OUR GS PIZZER	IA				1	NC	25	Р		GW
Local Address (wh	nere applicable)			Service	Reside	ntial C	ommercial	Industria	al Com	oined	Agricultura
305 HARTFORD T	URNPIKE (ROUT	E 101)		Connecti	ons		1				
Towns Served: KII	LINGLY			,		-			'		
Name				Organization	1				Job	Title	
Mr. George P. Gio	onis			Golden Gree	k Restaurar	nt & Pub		President			
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	Sta	ite	Zip Code
P.O. Box 518							Dayville		С	Т	06241
Business Phone	Extension	Fax	Mo	obile Phone	Emergen	cy Phone	e Email Ad	ldress	·		
860-774-0167		860-779-2	2971		860-98	2-3691	tsg@att.	net			
Contact Role(s):	Administrative	Contact									
Name				Organization	1				Job	Title	
Mr. Richard Burk	е							Owner/Ma	anager		
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	Sta	ite	Zip Code
305 Hartford Turr	npike						Dayville		С	Т	06241
Business Phone	Extension	Fax	Mo	obile Phone	Emergen	cy Phone	e Email Ad	ldress			
860-779-3659											
Contact Role(s):	Owner										

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Conne	cticut Departmen	nt of Pub	lic H	ealth	Dr	inkin	g V	Water S	Secti	ion	
		Water Quality Mo	onitorin	g and	d Com	pl	iance	Sc	hedule			
PWS ID	PWS Name			<u> </u>		Clas	sification	n Po	pulation O	wner ⁻	Type Pr	imary Source
CT0691223	1075 NOR	TH MAIN STREET - KILLINGLY	Υ				NC		30	Р		GW
Local Address	(where applic	able)	Servio	e	Resident	tial	Commer	cial	Industrial	Cor	nbined	Agricultura
1075 NORTH I	MAIN STREET	(RTE 12)	Conne	ections			1					
Towns Served	: KILLINGLY											
		M	onitoring	Requ	ireme	nts						
Water Syster	m Facility: I	DISTRIBUTION SYSTEM (WSF ID: 006	00)								
Total Colifor	rm (3100)								1 r	outine	e (RT) p	er quarter
Sampling	Point (Samp	ling Point ID)		ı	Monitorii	ng P	eriod	Colle	ection Perio	d	Compli	ance Status
Select fro	m Inventory	of Active Sampling Points		1	.0/1/18 -	12/3	31/18				Co	mplete
					1/1/19 -	3/3	1/19				Co	mplete
					4/1/19 -	6/30	0/19					
					7/1/19 -	9/30	0/19					
Physical Par	-	-										er quarter
	Point (Samp				Monitorii			Colle	ection Perio	od		ance Status
Select fro	m Inventory	of Active Sampling Points			.0/1/18 -							mplete
					1/1/19 -						Co	mplete
					4/1/19 -							
M/-1 C1	edo	THE POINT ANGELD OF	0700\		7/1/19 -	9/30	0/19					
•	•	ENTRY POINT (WSF ID: 00	0700)							_		_,
Nitrate And	•	•				D	antad	C-II.				T) per year
	Point (Samp	iing Point ID)			Monitorii			Cone	ection Perio	oa		ance Status
ENTRY PO	(3)				1/1/18 - : 1/1/19 - :							mplete mplete
					1/1/19 - : 1/1/20 - :						CO	iipiete
	Man	thi. Mateu Custom	Co o: :+.					~ D				
		thly Water System		VSF) L	evei iv	/ION	iitorin	g Ke	equirem	ents) 	
Water Syster	n Facility: E	NTRY POINT (WSFID: 00	•									
Analyte		Monitoring Requirement (S		e)	-		ng Limit			San	-	eq/Month
рН		Entry Point pH Monitoring	•				n: 7.0 PF	ł			4	
Start Date	: 12/1/2014			-	nce Histo	-		-	ating Limit		Monitor	_
					ng Perio			Comp	oliance Stat	us: C	Complia	nce Status:
					18 - 11/30							N
					1/21/3							N
) - 1/31/2) - 2/28/2							N N
					9 - 2/28/2 9 - 3/31/2							IN
					9 - 3/31/2 9 - 4/30/2							
		Public	Notificat									
		- I GOILC	Complia		Notice			Noti	fication_		DN Cort	ification
V. 1 /c			Compila	1			<u>r ubiit</u>		- A	_ [!]	IV CEIL	<u>jicutioii</u>

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Description

Water System Facility and Sampling Point Inventory

Period

1/1/14 - 12/31/14

Sampling Point Sampling Point

ID

4

Tier

2

Required

5/7/2015

Status

Α

Total

Coliform

Rule

Υ

Performed

Lead and

Copper

Due to DPH

5/17/2015

Rule Tier Asbestos WQP 2 DBPR

Received

Stage

Violation/Situation

Water

System

Facility ID

00600

Nitrate And Nitrite M&R Violation

Water System Facility

DISTRIBUTION SYSTEM

Schedule Generation Date: 4/11/2019 Page 15

DISTRIBUTION SYSTEM

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source		
CT0691223	1075 NORTH MAIN STREET - KILLINGLY				NC	30	Р	GW		
Local Address (where applicable)	Service	Residen	idential Com		al Industri	al Combine	ed Agricultural		
1075 NORTH M	Connections			1						
Towns Served:	owns Served: KILLINGLY									

W	ater System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPI
	DOWNSTREAM	WITHIN 5 SERVICE CON	A				
	MW001	MEN'S ROOM	Α	Υ	N	Υ	
	MW002	WOMEN'S ROOM	Α	Υ	N		
	MW003	SLOP SINK	Α	Υ	N		
	OM1001	LOBBY	1		N		
	OM1002	LADIES ROOM	1		N		
	OM1003	BEVERAGE MACHINE	1		N		
	OM1004	MENS ROOM	1		N		
	OM1005	BATHROOM SINK	1		N		
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				
10855 WELL 1	2	WELL 1	Α				
58992 TREATMENT PLANT							
58994 WX-102 BLADDER TANK							
	Certified	Operator Informa	tion				

00700 EITHE	01111			LIVIIVI	7	`			
10855 WELL 1			2	WELL 1	A	A			
58992 TREATM	ENT PLANT								
58994 WX-102	BLADDER TANK								
			Certi	fied Operat	or Information)			
Water System Fac	cility: DISTRIE	BUTION SY							
Facility Classification	n: SMALL WAT	ER SYSTEM							Certification
Operator Name			Operate	or Type	Certification(s)				Expiration
STOSSE, MATTHEW	J.	(CHIEF OP	ERATOR	WATER TREATMEN	IT PLANT	OPERATOR -	- CLASS IV	6/30/2020
					DISTRIBUTION SYS	TEM OPE	RATOR - CLA	SS II	6/30/2020
				Contact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Patricia Hanser	1			Haven Cherr	y Hill, LLC		Manager		
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
900 East Stanely Blv	rd.	,	Apt 183			Livermo	re	CA	94550
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
Contact Role(s): O	wner								
Name				Organization	1			Job Title	
Mr. Rik Hansen				Haven Cherr	y Hill, LLC		Real Proper	ty Admin	
Mailing Address Lin	e One	I	Mailing A	ddress Line Two			City	State	Zip Code
PO Box 2360						Livermo	re	CA	94551
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
510-206-9761						RIK57PIC	T@GMAIL.C	СОМ	
Contact Role(s): Ac	dministrative Co	ontact, Lega	al Contac	t, Owner					

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tracor Quarrey Promit	or mg am	a don	ipmamee t	Jen ea a		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0691223	1075 NORTH MAIN STREET - KILLINGLY			NC	30	Р	GW
Local Address (\	vhere applicable)	Service	Resider	ntial Commerci	ial Industr	ial Combine	ed Agricultural
1075 NORTH M	AIN STREET (RTE 12)	Connections		1			
Tarring Compade I	/ILLINGLY	•	*				

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0691234	CHURCH OF THE NAZARINE			NC	150	Р	GW
Local Address (where applicable)	Service	Resider	tial Commer	cial Industr	al Combin	ed Agricultural
440 WESTCOTT	ROAD	Connections		1			

ENTRY POINT (3)

Towns Served: KILLINGLY			
Monitoring R	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

Other Compliance Schedules

1/1/18 - 12/31/18

1/1/19 - 12/31/19 1/1/20 - 12/31/20 Complete

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 1/19/2017

Public Notification Requirements											
	Compliance	Compliance Notice			PN Certification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	1/1/05 - 3/31/05	2	8/26/2005		9/5/2005						
Total Coliform M&R Violation	4/1/05 - 6/30/05	2	11/18/2005		11/28/2005						
Nitrate And Nitrite M&R Violation	1/1/05 - 12/31/05	2	4/19/2006		4/29/2006						
Total Coliform M&R Violation	10/1/05 - 12/31/05	2	4/19/2006		4/29/2006						
Total Coliform M&R Violation	1/1/06 - 3/31/06	2	7/15/2006		7/25/2006						
Physical Parameters M&R Violation	1/1/05 - 3/31/05	3	7/27/2006		8/6/2006						
Total Coliform M&R Violation	4/1/06 - 6/30/06	2	9/17/2006		9/27/2006						
Physical Parameters M&R Violation	4/1/05 - 6/30/05	3	10/19/2006		10/29/2006						

	vv	ater system racin	ty and Sampling F	OIIIL II	iveillo	y			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		- 0		1				
PWS ID	'S ID PWS Name C						Owner Type	Primary Source
CT0691234	CHURCH OF THE NAZARINE			I	NC 150		Р	GW
Local Address (v	Local Address (where applicable) Service Residen		tial C	Commercia	l Industri	al Combine	ed Agricultural	
440 WESTCOTT	Connections			1				

	•	Water System Facili	ity and Sampli	ng Point II	nvento	ry		
Water System Facility	Water System Facility	Sampling Point ID	Sampling Point Description	Status	- ´ '	Lead and Copper Rule Tier	Asbestos	tage DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α				
49264	WELL 1	2	WELL 1	А				

			Co	ontact Inf	ormation				
Name		Organization	1		Job Title				
Pastor Wendy Amb	orefe	Church of Th	ne Nazarene	Pastor					
Mailing Address Lin	ie One		Mailing Add	ress Line Two			City	State	Zip Code
440 Westcott Rd						Danielso	n	СТ	06239
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
860-774-5844						wambrefe@juno.com			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Clas	ssification	Population	Owner Type	Primary Source		
CT0691244	CUMBERLAND FARMS STORE #4632		NC	32	Р	GW		
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
567 WAUREGAN	Connections			1				

Towns Served: KILLINGLY

Monitor	ing Requirements							
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)							
Total Coliform (3100)		1 routine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate (1040)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Nitrite (1041)		1 r	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19							
	1/1/20 - 12/31/20							

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	age DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
57888	WELL #1	2	WELL #1	Α				
50440	TO CATAGOLT OLANIT							

58149 TREATMENT PLANT

			Co	ontact Info	ormation				
Name		Organization		Job Title					
Mr. Mark Souza				Cumberland	Farms	Maintenance Manager			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
Cfi/Gulf A Group of Companies 2643 Hartford			d Avenue Johnsto		Johnstor	ı	RI	02919	
Pusinoss Phone	Extension	Eav	Mo	Mobile Phone Emergency Phone Email Address					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section										
	Wat	ter Qua	lity M	Ionitoring a	and Con	nplia	nce S	chedul	е		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primar	y Source
CT0691244	CUMBERLAND F	ARMS STOR	E #4632			N	IC	32	Р	(SW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Ag	ricultural
567 WAUREGAN	ROAD			Connectio	ons		1				
Towns Served: K	_				·	·		·		·	
401-477-2387		401 024 ·	1027	WIODIIE FITOITE	Lineigenc	riione		a Coumborle	andfarms so	~	
	152 50 1 252										
Contact Role(s):	Administrative	Contact		0							
Name		Organization	Organization Job Title								
Cumberland Fari	ms Inc										
Mailing Address	Line One		Mailing	Address Line Two				City	State	Zip	Code
100 Crosing Blvd						Framingl			gham MA		
Business Phone	e Extension	Fax		Mobile Phone	oile Phone Emergency Phone Email A						
Contact Role(s):	Owner										
Name				Organization					Job Tit	le	
Mr. Ari N Hasete	es			Cumberland	Farms Inc			President	& Coo Boar		
Mailing Address	Line One		Mailing	Address Line Two				City	State	Zip	Code
100 Crossing Blvo	t						Framin	gham	MA	01	1702
Business Phone	e Extension	Fax		Mobile Phone	Emergency	mergency Phone Email Address			•	•	
Contact Role(s):	Legal Contact				1		1				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0699203	610 WAUREGAN ROAD				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
610 WAUREGAN	I ROAD	Connections			1			

Monitoring	Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)								
Asbestos (1094)		1 routine	(RT) per nine years						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	1/1/11 - 2/11/12	1/1-2/11							
Total Coliform (3100)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
7/1/19 - 9/30/19									
Physical Parameters (PPS)		1 routine (RT) per quart							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 rd	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								
Other Compl	iance Schedules								

Other C	compliance schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION SURVEY REPORT	3/1/2013		
CROSS CONNECTION SURVEY REPORT	3/1/2014		
CROSS CONNECTION SURVEY REPORT	3/1/2015		
RESPOND TO SANITARY SURVEY	2/1/2018		

	Public Notification Re	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	10/1/13 - 12/31/13	2	3/27/2014		4/6/2014	
Total Coliform M&R Violation	1/1/14 - 3/31/14	2	7/27/2014		8/6/2014	
Physical Parameters M&R Violation	10/1/13 - 12/31/13	3	2/25/2015		3/7/2015	
Physical Parameters M&R Violation	1/1/14 - 3/31/14	3	6/27/2015		7/7/2015	
Total Coliform MCL Violation	10/1/15 - 12/31/15	2	11/25/2015		12/5/2015	

	Water System Facil	ity and Samplii	ng Point Invento	ry	
Water			Total	Lead and	
System Water System Facili	ty Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	Status Rule	Rule Tier	Asbestos WQP 2 DBPR

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	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0699203	610 WAUREGAN ROAD				NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
610 WAUREG	AN ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: KILLINGLY

TOWING SCI	ved. KILLINGET							
	Wat	er System Facil	ity and Sampling P	oint I	nvento	ry		
Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliforn	n Copper		Stage
Facility ID)	ID	Description	Statu	s Rule	Rule Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
57896	WELL 1	2	WELL 1	Α				
		Con	tact Information					
Name		0	rganization				Job Title	
Mr. Willia	m Bourque	Co	entral Coffee Company, LL	C.	O	wner		
Mailing A	ddress Line One	Mailing Addres	s Line Two		(City	State	Zip Code
612 Waur	egan Road			D	anielson		СТ	06239

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Extension

302

Name				Organization	1			Job Tit	le	
Central Coffee Prop	erties LLC									
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Co	ode
612 Wauregan Rd						Danielso	n	СТ	062	39
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress			
860-779-6336										

Emergency Phone Email Address

bill@centralcoffeecompany.com

Mobile Phone

Contact Role(s): Owner

Business Phone

860-779-6336

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Co		•	rtment of				•			ection	
		ter Quai	ity Monit	oring a		1		1			
	VS Name						ication			ner Type P	rimary Source
	J812, LLC - 16		TURNPIKE			N	С	3	3	Р	GW
Local Address (whe	re applicable)			Service	Resident	ial Co	mmerc	ial In	dustrial	Combined	Agricultural
				Connection	ns		2				
Towns Served: KILL	INGLY										
					quiremer	nts					
Water System Fac	cility: DISTR	RIBUTION SY	STEM (WSF II	D: 00600)							
Total Coliform (•								1 ro	utine (RT)	per quarter
Sampling Poin	t (Sampling P	Point ID)			Monitorin	g Perio	od (Collecti	ion Period	l Compli	ance Status
Select from Inv	ventory of Act	ive Sampling	Points		10/1/18 -	12/31/	18			Co	mplete
					1/1/19 -	3/31/1	.9			Co	mplete
					4/1/19 -						
					7/1/19 -	9/30/1	.9				
Physical Parame	ters (PPS)								1 ro	utine (RT)	per quarter
Sampling Poin	t (Sampling P	Point ID)			Monitorin	g Perio	od (Collecti	ion Period	l Compli	iance Status
Select from Inv	ventory of Act	ive Sampling	Points		10/1/18 -	12/31/	18			Co	mplete
					1/1/19 -	3/31/1	.9			Co	mplete
					4/1/19 -	6/30/1	.9				
					7/1/19 -	9/30/1	.9				
Water System Fac	cility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And Nitri	ite (NOX)								1	routine (F	RT) per year
Sampling Poin	t (Sampling P	Point ID)			Monitorin	g Perio	od (Collecti	ion Period	l Compli	ance Status
ENTRY POINT	(3)				1/1/18 - 1	.2/31/1	18			Co	mplete
					1/1/19 - 1	.2/31/1	19				
					1/1/20 - 1	2/31/2	20				 -
		Water Sy	stem Facili	ty and S	ampling	Point	t Inve	entor	у		
Water							Т	otal	Lead and	1	
	ystem Facility	, 9	Sampling Point	, ,				•	Copper		Stage
Facility ID			ID	Description		Sta	itus l	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		4		ON SYSTEM		4				
			DOWNSTREAM				4				
			UPSTREAM	WITHIN 5 S	ERVICE CON	ļ	4				
00700 ENTRY P	OINT		3	ENTRY POI	NT	ļ	4				
60504 WELL			2	WELL		F	4				
			Con	tact Info	rmation						
Name			Oı	rganization						Job Title	
Mr. Heath Meaghe	r										
Mailing Address Lin	e One		Mailing Address	s Line Two				Ci	ty	State	Zip Code
P. O. Box 363							Rogers	S		СТ	06263
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email	Addres	ss		
960 022 7709							booth		or@vaho	o com	

heathmeagher@yahoo.com

860-933-7708

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health	Dr	in	king	g W	/ater	Se	ection	1
Water Quality Monitoring and Com	pli	iar	ice S	Sch	edul	le		
						_		

	Tracor Quarrey Promise	or mig am	a don	TP.	idiioo t	onean	. —	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0699224	OU812, LLC - 165 HARTFORD TURNPIKE				NC	33	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections			2			

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End of schedule

	CO		•	lity Monit				Ŭ			Ction	
DWC ID	DVA	S Name	ter Qua	iity Moiiit	or mg an	u Con					nor Tuno	Driman, Caure
PWS ID			DTC CENTED					ication C	-	n Ow	ner Type P	Primary Source GW
CT0699234 Local Address		ERICAN SPOI	KIS CENTER		Service	Residen		mmercia	45 al Indust	trial	Combine	_
551 WESTCO		* * * * * * * * * * * * * * * * * * * *			Connections		tiai Co	1	ii iiiuusi	uiai	Combine	u Agricultura
Towns Served								1				
TOWNS SELVED	J. KILLII	VOLI		Monito	oring Requ	uiromo	ntc					
Mater Syste	m Faci	lity: DISTR	IRLITION S	YSTEM (WSF II		ullellle	1115					
Total Colifo		•	IIDO HON 3	ISILIVI (VVSFII	D. 00000j					1 roi	ıtine (RT) per quarter
	•	: (Sampling P	oint ID)			Monitori	na Peri	od Co	ollection F		-	liance Status
		entory of Act		Points		4/1/19 -				Cirou	- COp	
Jereet II	· · · · · · · · · · · · · · · · · · ·	circoi y 01710c	ive dampining	. Tomes		7/1/19 -						
Physical Pa	ramet	ers (PPS)				-7-7-0	-,,-	<u>-</u>		1 roı	utine (RT	per quarter
-		(Sampling P	oint ID)			Monitori	ng Peri	od Co	ollection F		-	liance Status
_		entory of Act		Points		4/1/19 -					•	
		,	, ,			7/1/19 -						
Water Syste	m Faci	ility: ENTR	Y POINT (V	VSF ID: 00700)								
Nitrate And		•	•	•						1	routine	RT) per year
		(Sampling P	oint ID)			Monitori	ng Peri	od Co	ollection F			liance Status
ENTRY P	POINT (3	3)	-			1/1/19 -	12/31/	19				
		·				1/1/20 -	12/31/2	20				
			Water S	ystem Facili	tv and Sa	mpling	Point	t Invei	ntorv			
Water					•					ıd and		
System W	ater Sy	stem Facility		Sampling Point	Sampling Po	int		Colif	form Co	pper		Stage
Facility ID				ID	Description		Sta	itus Ri	ule Ru	le Tier	Asbesto	s WQP 2 DBPI
00600 DI	STRIBU	TION SYSTEM	1	4	DISTRIBUTIO	N SYSTEM	l A	٩ .	Υ			
00700 EN	NTRY PC	DINT		3	ENTRY POIN	Γ	A	4				
61242 W	ELL #1			2	WELL #1		A	4				
				Con	tact Infor	mation	١					
Name				Or	ganization						Job Title	!
Mr. Robert L	iebsche	er		Ar	nerican Sport	s Centers I	Inc.					
Mailing Addre	ess Line	One		Mailing Address	Line Two				City		State	Zip Code
174 Cranberr	y Bog R	oad						Daniels	on		СТ	06239
Business Ph	none	Extension	Fax	Mobil	le Phone E	mergency	Phone	Email A	ddress			
860-481-0	108					860-428-	8812	bob@c	tindoorsp	orts.c	om	
Contact Role	(s): Ad	ministrative	Contact, Leg	al Contact								
Name				Or	ganization						Job Title	!
American Sp	orts Ce	nter Inc.										
Mailing Addr				Mailing Address	s Line Two				City		State	Zip Code
174 Cranberr	y Bog R	load			T			Daniels			СТ	06239
Durain and Di	ono						D.I.	Territoria.	ممما			
Business Ph 860-481-0		Extension	Fax	Mobil	le Phone E	mergency 860-428-		Email A	auress			

Connecticut Department of Public Health Drinking Water Section

Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

water quanty wontoring and compnance senedule									
PWS ID	PWS ID PWS Name				ssification	Population	Owner Type	Primary Source	
СТ0699234	99234 AMERICAN SPORTS CENTER				NC	45	Р	GW	
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
551 WESTCOTT ROAD		Connections			1				

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